

B
Dear: Honorable Magistrate Judge Sanderson;

Hello sir, my name is Jesse William McGraw. My case #: 3:09-CR-210-B

I am in custody at: FCI, P.O. box 9000, Seagoville, Tx, 75159
Registration# 38690-177

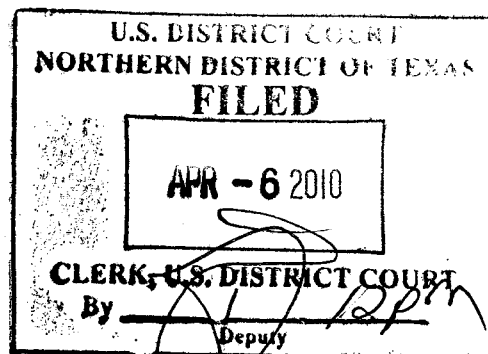
Please forgive the informal nature of this letter. I was sent to Seagoville per your detention order. My wife is gravely ill, and this sir, is no under statement. Since my detention order, my wife has suffered in her health tremendously. I was her primary care taker, for she suffers from Type 1 Hypoglycemia mellitus, her condition is very severe, and next to impossible to stableize with insulin, etc. Her blood sugar fluxuates quite randomly making it impossible to predict her current blood sugar state. I have a doctor's note from her diabetes specialist stating her condition, as well as EMS reports stating her as being unconscious due to her low blood sugar. My wife, beatriz cares for our almost 2 year old daughter. But her health is making even this virtually impossible. Since my detention, she has had EMS come to her apartment due to low blood sugar. When sugar is so low (around 30 or less) the brain does not recieve a substantial ammount of oxygen, causing memory cells in the brain to die off. Just last tuesday she woke up in the emergency room. A month ago, her blood sugar fell while she was driving to work. She made it into a gas station and then collapsed unconscious on the floor. Her drivers liscence was revoked not over a year ago because she got into an accident when her blood sugar dropped while driving a car.

Please forgive me when i add, I have seen with my own eyes men who are on child pornography cases recieve pre trial release bond; one of which was the care taker of his elderly and sick father and he was released to care for his father while awaiting trial.

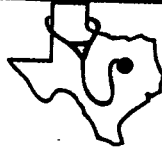
Alot of things that was spoken at my Detention/Bond hearing were innacurate, and i ask you Honorable Judge that if it were at all possible, that You could help me, help my wife while i await trial. I am willing to comply with any sort of rules to ensure that I will be present at trial, and not violate any release orders that could be made.

I ask this of you Humbly and Respectfully,


Jesse William McGraw



03 28 2010



DIABETES AND THYROID
CENTER OF FORT WORTH

December 14, 2009

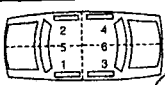
To Whom It May Concern:

Beatriz Bracho (08/27/1984) is a patient I am treating for Type 1 Diabetes Mellitus. Her diabetes is uncontrolled and she suffers from severe hypoglycemia.

Dr. Chris Bajaj
Board Certified Endocrinologist.

Address: _____ City: _____ State: _____ Zip: _____ Doctor: _____

Initial Observed Condition	Illness/Injury	Past Medical History	Medications
<input type="checkbox"/> conscious <input type="checkbox"/> semi-conscious <input checked="" type="checkbox"/> unconscious	<input type="checkbox"/> cardiac arrest <input type="checkbox"/> trauma arrest <input type="checkbox"/> obvious death	<input type="checkbox"/> asthma <input type="checkbox"/> cancer <input type="checkbox"/> cardiac <input checked="" type="checkbox"/> diabetes <input type="checkbox"/> Hepatitis <input type="checkbox"/> HIV <input type="checkbox"/> hypertension <input type="checkbox"/> terminal illness <input type="checkbox"/> kidney/renal <input type="checkbox"/> other	<input type="checkbox"/> COPD <input type="checkbox"/> CVA/TIA <input type="checkbox"/> CHF <input type="checkbox"/> drug/ETOH <input type="checkbox"/> seizures <input type="checkbox"/> tuberculosis <input type="checkbox"/> psychiatric <input type="checkbox"/> none
Chief Complaint <u>AMS</u>			

Pt. Location in Vehicle & Impact Point	Injury Matrix	Initial Arrest Rhythm	Drug Allergies
Front  Rear	<input type="checkbox"/> head <input type="checkbox"/> face <input type="checkbox"/> neck <input type="checkbox"/> chest <input type="checkbox"/> back <input type="checkbox"/> abdomen <input type="checkbox"/> pelvis <input checked="" type="checkbox"/> upper extremity <input checked="" type="checkbox"/> lower extremity	<input type="checkbox"/> asystole <input checked="" type="checkbox"/> V-FIB <input checked="" type="checkbox"/> V-TACH <input type="checkbox"/> PEA <input type="checkbox"/> Other	<input checked="" type="checkbox"/> NKDA <input type="checkbox"/> sulfa <input type="checkbox"/> PCN <input type="checkbox"/> iodine <input type="checkbox"/> aspirin <input type="checkbox"/> codeine other: _____

Time Assessed	BP	Pulse	Respiration	Pulse Ox
	Sys/Dia	Rate Rhythm Qual	Rate Qual	RA _____ % NC _____ % NRB _____ % O2 _____ % Other _____ %
	<u>114/63</u>	<u>110</u>		

Restrains	Blood Glucose	Lung Sounds	Glasgow Coma Score						
<input type="checkbox"/> lap/shoulder <input type="checkbox"/> air bag <input type="checkbox"/> unknown <input type="checkbox"/> child seat <input type="checkbox"/> lap belt <input type="checkbox"/> shoulder belt <input type="checkbox"/> none	1st <u>LO</u> mg/dl 2nd <u>191</u> mg/dl 3rd _____ mg/dl	<input type="checkbox"/> clear <input type="checkbox"/> absent/ decreased <input type="checkbox"/> wheezes <input type="checkbox"/> rales/rhonchi	<table border="1"><tr><th>Eyes</th><th>Verbal</th><th>Motor</th></tr><tr><td>4 spontaneous 3 to speech 2 to pain 1 none</td><td>5 oriented 4 confused 3 inappropriate 2 garbled 1 none</td><td>6 obeys 5 localizes 4 withdraws 3 flexion 2 extension 1 none</td></tr></table>	Eyes	Verbal	Motor	4 spontaneous 3 to speech 2 to pain 1 none	5 oriented 4 confused 3 inappropriate 2 garbled 1 none	6 obeys 5 localizes 4 withdraws 3 flexion 2 extension 1 none
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Procedures	Pediatric Glasgow Coma Score						
<input type="checkbox"/> assisted ventilation <input type="checkbox"/> backboard <input type="checkbox"/> bandaging <input type="checkbox"/> BGA <input type="checkbox"/> bleeding control <input type="checkbox"/> burn care <input type="checkbox"/> cervical immob <input type="checkbox"/> chest decomp <input type="checkbox"/> combitube <input type="checkbox"/> CPR <input type="checkbox"/> cricothyroidotomy <input type="checkbox"/> external defib (AED) <input type="checkbox"/> FBAO <input type="checkbox"/> IV fluids <input type="checkbox"/> KED <input type="checkbox"/> NP airway <input type="checkbox"/> OB care <input type="checkbox"/> OP airway <input type="checkbox"/> oxygen-mask/cannula <input type="checkbox"/> oxygen-other delivery <input type="checkbox"/> splint/traction splint <input type="checkbox"/> suction <input type="checkbox"/> synch cardiovert <input type="checkbox"/> transcutaneous pacing <input type="checkbox"/> vagal maneuvers	<table border="1"><tr><th>Eyes Opening</th><th>Best Verbal Response</th><th>Best Motor Response</th></tr><tr><td>4 spontaneous 3 to verbal 2 to pain 1 no response</td><td>5 smiles, fixes & follows 4 cries but consolable 3 persistently irritable 2 restless, agitated 1 no response</td><td>6 normal spontaneous movement 5 localizes pain, pushes away 4 withdraws to pain 3 abnormal flexion 2 abnormal extension 1 no response</td></tr></table>	Eyes Opening	Best Verbal Response	Best Motor Response	4 spontaneous 3 to verbal 2 to pain 1 no response	5 smiles, fixes & follows 4 cries but consolable 3 persistently irritable 2 restless, agitated 1 no response	6 normal spontaneous movement 5 localizes pain, pushes away 4 withdraws to pain 3 abnormal flexion 2 abnormal extension 1 no response
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Skin	Pupils	Mental Status	OB/GYN														
<table border="1"><tr><th>Color</th><th>Temp</th><th>Appearance</th></tr><tr><td><input type="checkbox"/> ashen <input type="checkbox"/> cyanotic <input type="checkbox"/> gray <input type="checkbox"/> yellow <input type="checkbox"/> mottled <input type="checkbox"/> pale</td><td><input type="checkbox"/> cool <input type="checkbox"/> cold <input type="checkbox"/> warm <input type="checkbox"/> hot</td><td><input type="checkbox"/> normal <input type="checkbox"/> dry <input type="checkbox"/> diaphoretic/sweaty</td></tr></table>	Color	Temp	Appearance	<input type="checkbox"/> ashen <input type="checkbox"/> cyanotic <input type="checkbox"/> gray <input type="checkbox"/> yellow <input type="checkbox"/> mottled <input type="checkbox"/> pale	<input type="checkbox"/> cool <input type="checkbox"/> cold <input type="checkbox"/> warm <input type="checkbox"/> hot	<input type="checkbox"/> normal <input type="checkbox"/> dry <input type="checkbox"/> diaphoretic/sweaty	<table border="1"><tr><th>Left</th><th>Right</th></tr><tr><td>reactive normal size constricted dilated not assessed no response</td><td>Y N Y N Y N Y N Y N Y N</td></tr></table>	Left	Right	reactive normal size constricted dilated not assessed no response	Y N Y N Y N Y N Y N Y N	<table border="1"><tr><td>alert respond to voice respond to pain unresponsive Oriented to: person place time event</td><td>Y Y Y Y Y Y Y Y</td><td>N N N N N N N N</td></tr></table>	alert respond to voice respond to pain unresponsive Oriented to: person place time event	Y Y Y Y Y Y Y Y	N N N N N N N N	<table border="1"><tr><td>Last menstrual period Pregnant _____ mo _____ wk # pregnancies _____ # live births _____ BOW: intact broken Contractions: _____ min apart _____ sec duration</td></tr></table>	Last menstrual period Pregnant _____ mo _____ wk # pregnancies _____ # live births _____ BOW: intact broken Contractions: _____ min apart _____ sec duration
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Last menstrual period Pregnant _____ mo _____ wk # pregnancies _____ # live births _____ BOW: intact broken Contractions: _____ min apart _____ sec duration																	

5 minute APGAR score:

☐ improved
☐ worsened
☐ no change

☐ Arlington M _____
☐ helicopter _____
☐ ground other _____

Advanced Directive

- ☐ esophageal intubation
- ☐ cords not seen
- ☐ abnormal anatomy
- ☐ emesis/blood
- ☐ other _____

☐ 1st responder
☐ ambulance provider
☐ patient
☐ other _____

- ☐ DNR order
- ☐ massive head/chest trauma
- ☐ decapitation
- ☐ decomposition
- ☐ rigor mortis
- ☐ dependent lividity

Time Completed:

Combitube

ID#	Successful	Time
	Yes No	

Methods Verified

- ☐ breath sounds present
- ☐ capnometer reading
- ☐ esophageal detector device
- ☐ tub misting

- ☐ chest rise
- ☒ epigastric sounds absent
- ☐ skin color change
- ☐ vocal cords visual

Drug Administration

Drug	ID #	Dose	Route	Time	Drug	ID #	Dose	Route	Time
glucose	M11	15 g	IV	0630					
02		21 pm	NC						

C

H

A

F

—

—

Signature & ID#

Inventory List

<input type="checkbox"/> Intubation	<input type="checkbox"/> Oral Glucose	<input type="checkbox"/> IV Access	<input type="checkbox"/> Defibrillation	<input type="checkbox"/> BVM
<input type="checkbox"/> Aspirin	<input type="checkbox"/> Albuterol (w/nebulizer)	<input type="checkbox"/> Nitroglycerin	<input type="checkbox"/> Glucose Check	<input type="checkbox"/> D50 <input type="checkbox"/> Oxygen (l)

Jesse McGraw
Reg# 38690-177
FCI, P.O. Box 9000
Seagoville, TX, 75159

3-69-62-210-B

Magistrate

Judge Sanderson
1100 Commerce St.
Dallas, TX, 75242

Legal Mail

7524281027

1100 Commerce St
Dallas, TX 75242



POSTAGE
PAID
SEAGOVILLE, TX
PERMIT NO. 1000

